

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07023 (9)

1. Corporation Name

EUROGRAFIX, INC.



Principal Place of Business

Mailing Address

375 DOUGLAS AVE., STE. 1008
SUITE 1008
ALTAMONTE SPRINGS FL 32714
US

375 DOUGLAS AVENUE
SUITE 2155-20
ALTAMONTE SPRINGS FL 32714
US

2. Principal Place of Business

2a. Mailing Address

21 375 DOUGLAS AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 SUITE 1008

23

28 City & State

24 Zip

Country

29 Zip

Country

25

30

3. Date Incorporated or Qualified

08/03/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2964737

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DURKET, STEVEN LORNE
505 WEKIVA SPRINGS RD.
SUITE 600
LONGWOOD FL 32779

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

210 CROWN POINT CIR.

83

SUITE 108

84

CITY LONGWOOD

FL

85 Zip Code

32779

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☐ DELETE

D
BUCHAU, VOLKER
2089 REGAL ST.
APOPKA FL

TITLE NAME ☐ DELETE

D
CASTRO, MANUEL
2089 REGAL ST.
APOPKA FL

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

(407)
869-9955

Date

Daytime Phone #

CR2E034 (12/95)